

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF NEW YORK

In re GENERAL MOTORS INC

IGNITION SWITCH LITIGATION

Creamer # 16-3923
14MC2543 JMF

-x 14MD2543 JMF

PLEADING FOR THE FOLLOWING JUDGMENT FURTHER
DEFAULT OF GM FAILING TO NOTIFY OF FAULTY IGNITION
SWITCH

ENCLOSED are 18 pages of, police report,
Civil Suit, pictures of 2006 Cobalt

Honorable Jesse M. Furman, District Judge with this following pro se
case #16-3923 CREAMER transferred from District of Kansas case
#16-4045, Creamer has filed and sent via certified on August 5, 2016
documentation and I am also sending the copy of the case # 16-
4045 from District of Kansas.

As IN THE 74-page opinion, a three-judge panel said that GM
essentially asked the court to reward it for concealing claims. "We
decline to do so," the court said.

(1-2)

Under terms of the government-funded bankruptcy, the company that emerged, referred to as New GM, was indemnified against most claims against the pre-bankruptcy company, or Old GM. Retired U.S. Bankruptcy Judge Robert Gerber ruled in April 2015 that most ignition-switch claimants could not sue New GM for damages because the company should emerge from bankruptcy free of claims against Old GM.

#09-50026 SDofNY bankruptcy transcription on April 2012 phone conference

But the appeals court overturned most of that decision. GM's actions with failing to notify Creamer is cause for immediate default.

"I think GM now has to think about the fact of protect New GM from claims that it misrepresented the safety of cars made by pre-bankruptcy GM. The appeals judges, he said, determined that Old GM knew that the cars could stall and air bags wouldn't work but didn't reveal those facts during the bankruptcy. CREAMER v GM in Bk Judge Gerber court 2012. August 15, 2016

CERT of SERVICE via efile, US mail, fax

CLERK of SD of NY, Judge Jesse M Furman

(2-2)

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF KANSAS

MARJORIE A. CREAMER)

KC MO)

(Enter above the full name of the Plaintiff(s))

vs.

MARY BAYERA)
GENERAL MOTORS)

Name

Street and number

DETROIT MI)

City

State

Zip Code

Case Number

16-4045

(Enter above the full name and address of the
Defendant in this action - list the name and
address of any additional defendants on the back
side of this sheet).

CIVIL COMPLAINT

I. Parties to this civil action:

(In item A below, place your name in the first blank and place your present address in the
second blank. Do the same for additional plaintiffs, if any, on the back side of this sheet).

A. Name of plaintiff

MARJORIE A. CREAMER)

Address

KC MO)

(In item B below, write the full name of the defendant in the first blank. In the second blank, write the official position of the defendant. Use item C for the names and positions of any additional defendants.)

B. Defendant

employed at

Mary Bane / Executive
General Motors

is

C. Additional Defendants

Detroit MI

II. Jurisdiction:

(Complete one or more of the following subparagraphs, A., B.1, B.2., or B.3., whichever is applicable.)

A. (If Applicable) Diversity of citizenship and amount:

1. Plaintiff is a citizen of the State of KANSAS and MISSOURI

2. The first-named defendant above is either

a. a citizen of the State of _____; or

b. a corporation incorporated under the laws of the State of

MICHIGAN and having its principal place of business
in a State other than the State of which plaintiff is a citizen.

3. The second-named defendant above is either

a. a citizen of the State of _____; or

b. a corporation incorporated under the laws of the State of

_____ and having its principal place of business in a
State other than the State of which plaintiff is a citizen.

(If there are more than two defendants, set forth the foregoing information for each additional defendant on a separate page and attach it to this complaint.)

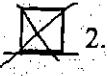
Plaintiff states that the matter in controversy exceeds, exclusive of interest and costs, the sum of seventy-five thousand dollars (\$75,000.00).

B. (If applicable) Jurisdiction founded on grounds other than diversity
(Check any of the following which apply to this case).



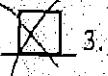
1.

This case arises under the following section of the Constitution of the United States or statute of the United States (28 U.S.C. §1331):
Constitution, Article 1, Section 1
Statute, US Code, Title 72, Section 7210.1



2.

This case arises because of violation of the civil or equal rights, privileges, or immunities accorded to citizens of, or persons within the jurisdiction of, the United States (28 U.S.C. §1333).



3.

Other grounds (specify and state any statute which gives rise to such grounds):

PRODUCT LIABILITY
VIOLATION
Causing PERSONAL
BODY
Sea attacked

III. Statement of Claim:

(State here a short and plain statement of the claim showing that plaintiff is entitled to relief. State what each defendant did that violated the right(s) of the plaintiff, in dates and places of such conduct by the defendant(s). Do not set forth legal arguments. If you intend to allege more than one claim, number and set forth each claim in a separate paragraph. Attach an additional sheet, if necessary, to set forth a short and plain statement of the claim[s].)

Purchase 2006 COBALT (General Motors) Caused
accident 2009 due to RECALL
IGNITION SWITCH, Faulty, non-
airbag and defective recalled Steering
motor causing head injury, bodily injury
and total of Rev Cobalt

IV. Relief:

(State briefly exactly what judgement or relief you want from the Court. Do not make legal arguments.)

Relief should be granted to Plaintiff
in personam; compensatory for injuries
future, past and present as per
jury trial

V. Do you claim the wrongs alleged in your complaint are continuing to occur at the present time? Yes No

VI. Do you claim actual damages for the acts alleged in your complaint?
Yes No

VII. Do you claim punitive monetary damages? Yes No

If you answered yes, state the amounts claimed and the reasons you claim you are entitled to recover money damages.

Jury decision of that
of past cases decided
in Cyprus, loss of time
2009 - 7 years ago

VIN # 1G1AL55F367780039 Chevy Cobalt

Defective Recalled Steering Electric
Motor

At (2014)
(recall) Ignition Switch

Non deployment Airbag

Sept 24, 2009 before July 2009

VIII. Administrative Procedures:

A. Have the claims which you make in this civil action been presented through any type of Administrative Procedure within any government agency?

Yes No

B. If you answered yes, give the date your claims were presented, how they were presented, and the result of that procedure:

C. If you answered no, give the reasons, if any, why the claims made in this action have not been presented through Administrative Procedures:

NO Appeal process

IX. Related Litigation:

Please mark the statement that pertains to this case:



This cause, or a substantially equivalent complaint, was previously filed in this court as case number _____ and assigned to the Honorable

Judge _____



Neither this cause, nor a substantially equivalent complaint, previously has been filed in this court, and therefore this case may be opened as an original proceeding.

MARJORIE A. CREAMER
Signature of Plaintiff

MARJORIE A. CREAMER
Name (Print or Type)

[REDACTED]

Address
KC MO [REDACTED]

KC MO [REDACTED]
City State Zip Code [REDACTED]

[REDACTED]
Telephone Number [REDACTED]

DESIGNATION OF PLACE OF TRIAL

Plaintiff designates { Wichita, Kansas City, or Topeka } , Kansas as the
(Select One) location for the trial in this matter.

Mary A. Cleaman
Signature of Plaintiff

REQUEST FOR TRIAL BY JURY

Plaintiff requests trial by jury { Yes or No }
(Select One)

Mary A. Cleaman
Signature of Plaintiff

Dated: April 24, 2014
(Rev. 10/75)

GM 3201 Traffic way
Fairfax Kansas City



300 Renaissance Ctr
Detroit MI [redacted]

Lemonlaw
gm priority care @gm.com

Detracted
Guru
Many
4/26/08
Sav
my car
161AL55F367780039
V#
7-18

JS \leftrightarrow (Rev. 11/15)

CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of using the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

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<p>(a) PLAINTIFFS mail - [REDACTED] KC MO (b) County of Residence of First Listed Plaintiff home - [REDACTED]</p> <p>Clay County CASED Smith Co. (c) Attorney (First Name, Address, and Telephone Number) Smith Carter Esq. [REDACTED] p.10-5e</p>																																																																																																																																																																																																																																																																																																																																																																																									

 | | <p>DEFENDANTS
[REDACTED] GENERAL
MOTORS
Co Detroit MI
County of Residence of First Listed Defendant
(IN U.S. PLAINTIFF CASES ONLY)</p> <p>NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.</p> <p>Attorneys (If Known)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>II. BASIS OF JURISDICTION (Place an "X" in One Box Only)</p> <p><input checked="" type="checkbox"/> 1 U.S. Government Plaintiff
<input type="checkbox"/> 2 U.S. Government Defendant
<input checked="" type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)
<input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)</p>

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| <p>III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)</p> <table border="0"> <tr> <td>Citizen of This State</td> <td><input checked="" type="checkbox"/> PTF</td> <td>DEF</td> <td><input type="checkbox"/> PTF</td> <td>DEF</td> </tr> <tr> <td>Citizen of Another State</td> <td><input checked="" type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> </tr> <tr> <td>Citizen or Subject of a Foreign Country</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 6</td> <td><input type="checkbox"/> 7</td> <td><input type="checkbox"/> 8</td> </tr> </table>

 | | | | Citizen of This State | <input checked="" type="checkbox"/> PTF | DEF | <input type="checkbox"/> PTF | DEF | Citizen of Another State | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | Citizen or Subject of a Foreign Country | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Citizen of This State

 | <input checked="" type="checkbox"/> PTF | DEF | <input type="checkbox"/> PTF | DEF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Citizen of Another State

 | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Citizen or Subject of a Foreign Country

 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>IV. NATURE OF SUIT (Place an "X" in One Box Only)</p> <table border="0"> <tr> <td><input type="checkbox"/> 110 Insurance</td> <td><input type="checkbox"/> 111 Marine</td> <td><input type="checkbox"/> 112 Airplane</td> <td><input type="checkbox"/> 113 Aircraft Product Liability</td> <td><input type="checkbox"/> 114 Negotiable Instrument</td> <td><input type="checkbox"/> 115 Recovery of Overpayment & Enforcement of Judgment</td> <td><input type="checkbox"/> 116 Medicare Act</td> <td><input type="checkbox"/> 117 Recovery of Defaulted Student Loans (Excludes Veterans)</td> <td><input type="checkbox"/> 118 Recovery of Overpayment of Veterans Benefits</td> <td><input type="checkbox"/> 119 Stockholders' Suits</td> <td><input type="checkbox"/> 120 Other Contracts</td> <td><input type="checkbox"/> 121 Recovery of Product Liability</td> <td><input type="checkbox"/> 122 Personal Injury - Medical Malpractice</td> <td><input type="checkbox"/> 123 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 124 Personal Injury - Professional Liability</td> <td><input type="checkbox"/> 125 Personal Injury - Slender</td> <td><input type="checkbox"/> 126 Personal Injury - Steward</td> <td><input type="checkbox"/> 127 Personal Injury - Trade Name</td> <td><input type="checkbox"/> 128 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 129 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 130 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 131 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 132 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 133 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 134 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 135 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 136 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 137 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 138 Personal Injury - 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Product Liability</td> <td><input type="checkbox"/> 153 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 154 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 155 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 156 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 157 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 158 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 159 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 160 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 161 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 162 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 163 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 164 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 165 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 166 Personal Injury - 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Product Liability</td> <td><input type="checkbox"/> 195 Personal Injury - Product Liability</td> <td><input type="checkbox"/> 196 Personal Injury - Product Liability</td> </tr> <tr> <td colspan="2">REAL PROPERTY</td> <td colspan="2">CIVIL RIGHTS</td> <td colspan="2">PRISONER SUITS</td> <td colspan="2">LABOR</td> <td colspan="2">CONTRACTS</td> <td colspan="2">INTELLECTUAL PROPERTY</td> <td colspan="2">ADMINISTRATIVE PRACTICE</td> <td colspan="2">STATE TAXES</td> <td colspan="2">FEDERAL TAXES</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> 210 Land Condemnation</td> <td colspan="2"><input type="checkbox"/> 440 Other Civil Rights</td> <td colspan="2"><input type="checkbox"/> 460 Habeas Corpus</td> <td colspan="2"><input type="checkbox"/> 610 Drug Related Delays of Property</td> <td colspan="2"><input type="checkbox"/> 620 Appeal 28 USC 156</td> <td colspan="2"><input type="checkbox"/> 642 Appeal 28 USC 156</td> <td colspan="2"><input type="checkbox"/> 651 False Claims Act</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> 220 Foreclosure</td> <td colspan="2"><input type="checkbox"/> 441 Voting</td> <td colspan="2"><input type="checkbox"/> 463 Alien Detainee</td> <td colspan="2"><input type="checkbox"/> 630 Motions to Vacate Sentence</td> <td colspan="2"><input type="checkbox"/> 643 Withdrawal 28 USC 157</td> <td colspan="2"><input type="checkbox"/> 652 Copyright</td> <td colspan="2"><input type="checkbox"/> 653 Patent</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> 230 Real - 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Statutory Actions | | <input type="checkbox"/> 290 Other | | <input type="checkbox"/> 451 Voting | | <input type="checkbox"/> 570 Other | | <input type="checkbox"/> 752 SMDI Title XVI | | <input type="checkbox"/> 761 SMDI Title XVI | | <input type="checkbox"/> 770 Other Statutory Actions | | <input type="checkbox"/> 300 Other | | <input type="checkbox"/> 452 Employment | | <input type="checkbox"/> 580 Civil Rights | | <input type="checkbox"/> 760 Other Statutory Actions | | <input type="checkbox"/> 771 IRS - Third Party 26 USC 7609 | | <input type="checkbox"/> 780 Other Statutory Actions | | <input type="checkbox"/> 310 Other | | <input type="checkbox"/> 453 Housing/ Accommodations | | <input type="checkbox"/> 590 Civil Rights | | <input type="checkbox"/> 771 IRS - Third Party 26 USC 7609 | | <input type="checkbox"/> 781 Taxes (U.S. Plaintiff or Defendant) | | <input type="checkbox"/> 790 Other Statutory Actions | | <input type="checkbox"/> 320 Other | | <input type="checkbox"/> 454 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Information Act | | <input type="checkbox"/> 854 Environmental Matters | | <input type="checkbox"/> 800 Other | | <input type="checkbox"/> 502 Other Civil Rights | | <input type="checkbox"/> 1080 Civil Rights | | <input type="checkbox"/> 841 Other Statutory Actions | | <input type="checkbox"/> 854 Freedom of Information Act | | <input type="checkbox"/> 855 Environmental Matters | | <input type="checkbox"/> 810 Other | | <input type="checkbox"/> 503 Other Civil Rights | | <input type="checkbox"/> 1090 Civil Rights | | <input type="checkbox"/> 842 Other Statutory Actions | | <input type="checkbox"/> 855 Freedom of Information Act | | <input type="checkbox"/> 856 Environmental Matters | | <input type="checkbox"/> 820 Other | | <input type="checkbox"/> 504 Other Civil Rights | | <input type="checkbox"/> 1100 Civil Rights | | <input type="checkbox"/> 843 Other Statutory Actions | | <input type="checkbox"/> 856 Freedom of Information Act | | <input type="checkbox"/> 857 Environmental Matters | | <input type="checkbox"/> 830 Other | | <input type="checkbox"/> 505 Other Civil Rights | | <input type="checkbox"/> 1110 Civil Rights | | <input type="checkbox"/> 844 Other Statutory Actions | | <input type="checkbox"/> 857 Freedom of Information Act | | <input type="checkbox"/> 858 Environmental Matters | | <input type="checkbox"/> 840 Other | | <input type="checkbox"/> 506 Other Civil Rights | | <input type="checkbox"/> 1120 Civil Rights | | <input type="checkbox"/> 845 Other Statutory Actions | | <input type="checkbox"/> 858 Freedom of Information Act | | <input type="checkbox"/> 859 Environmental Matters | | <input type="checkbox"/> 850 Other | | <input type="checkbox"/> 507 Other Civil Rights | | <input type="checkbox"/> 1130 Civil Rights | | <input type="checkbox"/> 846 Other Statutory Actions | | <input type="checkbox"/> 859 Freedom of Information Act | | <input type="checkbox"/> 860 Environmental Matters | | <input type="checkbox"/> 860 Other | | <input type="checkbox"/> 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| | <input type="checkbox"/> 850 Other Statutory Actions | | <input type="checkbox"/> 863 Freedom of Information Act | | <input type="checkbox"/> 864 Environmental Matters | | <input type="checkbox"/> 900 Other | | <input type="checkbox"/> 512 Other Civil Rights | | <input type="checkbox"/> 1180 Civil Rights | | <input type="checkbox"/> 851 Other Statutory Actions | | <input type="checkbox"/> 864 Freedom of Information Act | | <input type="checkbox"/> 865 Environmental Matters | | <input type="checkbox"/> 910 Other | | <input type="checkbox"/> 513 Other Civil Rights | | <input type="checkbox"/> 1190 Civil Rights | | <input type="checkbox"/> 852 Other Statutory Actions | | <input type="checkbox"/> 865 Freedom of Information Act | | <input type="checkbox"/> 866 Environmental Matters | | <input type="checkbox"/> 920 Other |
 <input type="checkbox"/> 514 Other Civil Rights | | <input type="checkbox"/> 1200 Civil Rights | | <input type="checkbox"/> 853 Other Statutory Actions | | <input type="checkbox"/> 866 Freedom of Information Act | | <input type="checkbox"/> 867 Environmental Matters | | <input type="checkbox"/> 930 Other | | <input type="checkbox"/> 515 Other Civil Rights | | <input type="checkbox"/> 1210 Civil Rights | | <input type="checkbox"/> 854 Other Statutory Actions | | <input type="checkbox"/> 867 Freedom of Information Act | | <input type="checkbox"/> 868 Environmental Matters | | <input type="checkbox"/> 940 Other | | <input type="checkbox"/> 516 Other Civil Rights | | <input type="checkbox"/> 1220 Civil Rights | | <input type="checkbox"/> 855 Other Statutory Actions | | <input type="checkbox"/> 868 Freedom of Information Act | | <input type="checkbox"/> 869 Environmental Matters | | <input type="checkbox"/> 950 Other | | <input type="checkbox"/> 517 Other Civil Rights | | <input type="checkbox"/> 1230 Civil Rights | | <input type="checkbox"/> 856 Other Statutory Actions | | <input type="checkbox"/> 869 Freedom of Information Act | | <input type="checkbox"/> 870 Environmental Matters | | <input type="checkbox"/> 960 Other | | <input type="checkbox"/> 518 Other Civil Rights | | <input type="checkbox"/> 1240 Civil Rights | | <input type="checkbox"/> 857 Other Statutory Actions | | <input type="checkbox"/> 870 Freedom of Information Act | | <input type="checkbox"/> 871 Environmental Matters | | <input type="checkbox"/> 970 Other | | <input type="checkbox"/> 519 Other Civil Rights | | <input type="checkbox"/> 1250 Civil Rights | | <input type="checkbox"/> 858 Other Statutory Actions | | <input type="checkbox"/> 871 Freedom of Information Act | | <input type="checkbox"/> 872 Environmental Matters | | <input type="checkbox"/> 980 Other | | <input type="checkbox"/> 520 Other Civil Rights | | <input type="checkbox"/> 1260 Civil Rights | | <input type="checkbox"/> 859 Other Statutory Actions | | <input type="checkbox"/> 872 Freedom | |
| <input type="checkbox"/> 110 Insurance

 | <input type="checkbox"/> 111 Marine | <input type="checkbox"/> 112 Airplane | <input type="checkbox"/> 113 Aircraft Product Liability | <input type="checkbox"/> 114 Negotiable Instrument | <input type="checkbox"/> 115 Recovery of Overpayment & Enforcement of Judgment | <input type="checkbox"/> 116 Medicare Act | <input type="checkbox"/> 117 Recovery of Defaulted Student Loans (Excludes Veterans) | <input type="checkbox"/> 118 Recovery of Overpayment of Veterans Benefits | <input type="checkbox"/> 119 Stockholders' Suits | <input type="checkbox"/> 120 Other Contracts | <input type="checkbox"/> 121 Recovery of Product Liability | <input type="checkbox"/> 122 Personal Injury - Medical Malpractice | <input type="checkbox"/> 123 Personal Injury - Product Liability | <input type="checkbox"/> 124 Personal Injury - Professional Liability | <input type="checkbox"/> 125 Personal Injury - Slender | <input type="checkbox"/> 126 Personal Injury - Steward | <input type="checkbox"/> 127 Personal Injury - Trade Name | <input type="checkbox"/> 128 Personal Injury - Product Liability | <input type="checkbox"/> 129 Personal Injury - Product Liability | <input type="checkbox"/> 130 Personal Injury - Product Liability | <input type="checkbox"/> 131 Personal Injury - Product Liability | <input type="checkbox"/> 132 Personal Injury - Product Liability | <input type="checkbox"/> 133 Personal Injury - Product Liability | <input type="checkbox"/> 134 Personal Injury - Product Liability | <input type="checkbox"/> 135 Personal Injury - Product Liability | <input type="checkbox"/> 136 Personal Injury - Product Liability | <input type="checkbox"/> 137 Personal Injury - Product Liability | <input type="checkbox"/> 138 Personal Injury - Product Liability | <input type="checkbox"/> 139 Personal Injury - Product Liability | <input type="checkbox"/> 140 Personal Injury - Product Liability | <input type="checkbox"/> 141 Personal Injury - Product Liability | <input type="checkbox"/> 142 Personal Injury - Product Liability | <input type="checkbox"/> 143 Personal Injury - Product Liability | <input type="checkbox"/> 144 Personal Injury - Product Liability | <input type="checkbox"/> 145 Personal Injury - Product Liability | <input type="checkbox"/> 146 Personal Injury - Product Liability | <input type="checkbox"/> 147 Personal Injury - Product Liability | <input type="checkbox"/> 148 Personal Injury - Product Liability | <input type="checkbox"/> 149 Personal Injury - Product Liability | <input type="checkbox"/> 150 Personal Injury - Product Liability | <input type="checkbox"/> 151 Personal Injury - Product Liability | <input type="checkbox"/> 152 Personal Injury - Product Liability | <input type="checkbox"/> 153 Personal Injury - Product Liability | <input type="checkbox"/> 154 Personal Injury - Product Liability | <input type="checkbox"/> 155 Personal Injury - Product Liability | <input type="checkbox"/> 156 Personal Injury - Product Liability | <input type="checkbox"/> 157 Personal Injury - Product Liability | <input type="checkbox"/> 158 Personal Injury - 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Product Liability | <input type="checkbox"/> 189 Personal Injury - Product Liability | <input type="checkbox"/> 190 Personal Injury - Product Liability | <input type="checkbox"/> 191 Personal Injury - Product Liability | <input type="checkbox"/> 192 Personal Injury - Product Liability | <input type="checkbox"/> 193 Personal Injury - Product Liability | <input type="checkbox"/> 194 Personal Injury - Product Liability | <input type="checkbox"/> 195 Personal Injury - Product Liability | <input type="checkbox"/> 196 Personal Injury - Product Liability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| REAL PROPERTY

 | | CIVIL RIGHTS | | PRISONER SUITS | | LABOR | | CONTRACTS | | INTELLECTUAL PROPERTY | | ADMINISTRATIVE PRACTICE | | STATE TAXES | | FEDERAL TAXES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 210 Land Condemnation

 | | <input type="checkbox"/> 440 Other Civil Rights | | <input type="checkbox"/> 460 Habeas Corpus | | <input type="checkbox"/> 610 Drug Related Delays of Property | | <input type="checkbox"/> 620 Appeal 28 USC 156 | | <input type="checkbox"/> 642 Appeal 28 USC 156 | | <input type="checkbox"/> 651 False Claims Act | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 220 Foreclosure

 | | <input type="checkbox"/> 441 Voting | | <input type="checkbox"/> 463 Alien Detainee | | <input type="checkbox"/> 630 Motions to Vacate Sentence | | <input type="checkbox"/> 643 Withdrawal 28 USC 157 | | <input type="checkbox"/> 652 Copyright | | <input type="checkbox"/> 653 Patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 230 Real - Sale & Ejectment

 | | <input type="checkbox"/> 442 Employment | | <input type="checkbox"/> 510 Motions to Vacate Sentence | | <input type="checkbox"/> 654 Trademark | | <input type="checkbox"/> 661 HIA (1890) | | <input type="checkbox"/> 662 Black Lung (923) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 240 Torts & Land

 | | <input type="checkbox"/> 443 Housing/ Accommodations | | <input type="checkbox"/> 520 General | | <input type="checkbox"/> 670 Railway Labor Act | | <input type="checkbox"/> 681 SMDI Title XVI | | <input type="checkbox"/> 682 DOL/OSHA (405)(g) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 245 Torts Product Liability

 | | <input type="checkbox"/> 444 Amer. w/ Disabilities - Employment | | <input type="checkbox"/> 535 Death Penalty | | <input type="checkbox"/> 684 SMDI Title XVI | | <input type="checkbox"/> 685 LST (405)(g) | | <input type="checkbox"/> 686 Other Statutory Actions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 250 All Other Real Property

 | | <input checked="" type="checkbox"/> 445 Amer. w/ Disabilities - Employment | | <input type="checkbox"/> 540 Mandamus & Other | | <input type="checkbox"/> 700 Other Labor Litigation | | <input type="checkbox"/> 710 Fair Labor Standards Act | | <input type="checkbox"/> 711 Family and Medical Leave Act | | <input type="checkbox"/> 712 Labor/Management Relations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input checked="" type="checkbox"/> 446 Amer. w/ Disabilities - Other | | <input type="checkbox"/> 550 Civil Rights | | <input type="checkbox"/> 720 Family and Medical Leave Act | | <input type="checkbox"/> 730 HIA (1890) | | <input type="checkbox"/> 740 Railway Labor Act | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 456 Education | | <input type="checkbox"/> 620 Civil Rights | | <input type="checkbox"/> 795 Family and Medical Leave Act | | <input type="checkbox"/> 800 Other Statutory Actions | | <input type="checkbox"/> 801 Agricultural Acts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 457 Other Civil Rights | | <input type="checkbox"/> 630 Civil Rights | | <input type="checkbox"/> 796 Family and Medical Leave Act | | <input type="checkbox"/> 802 Environmental Matters | | <input type="checkbox"/> 803 Freedom of Information Act | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 458 Other Civil Rights | | <input type="checkbox"/> 640 Civil Rights | | <input type="checkbox"/> 797 Family and Medical Leave Act | | <input type="checkbox"/> 804 Arbitration | | <input type="checkbox"/> 805 Administrative Procedure Act/Review or Appeal of Agency Decision | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 460 Other Civil Rights | | <input type="checkbox"/> 660 Civil Rights | | <input type="checkbox"/> 799 Family and Medical Leave Act | | <input type="checkbox"/> 808 Other Statutory Actions | | <input type="checkbox"/> 809 Agricultural Acts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 462 Other Civil Rights | | <input type="checkbox"/> 680 Civil Rights | | <input type="checkbox"/> 801 Other Statutory Actions | | <input type="checkbox"/> 811 Freedom of Information Act | | <input type="checkbox"/> 812 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 463 Other Civil Rights | | <input type="checkbox"/> 690 Civil Rights | | <input type="checkbox"/> 802 Other Statutory Actions | | <input type="checkbox"/> 813 Freedom of Information Act | | <input type="checkbox"/> 814 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 464 Other Civil Rights | | <input type="checkbox"/> 700 Civil Rights | | <input type="checkbox"/> 803 Other Statutory Actions | | <input type="checkbox"/> 815 Freedom of Information Act | | <input type="checkbox"/> 816 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 465 Other Civil Rights | | <input type="checkbox"/> 710 Civil Rights | | <input type="checkbox"/> 804 Other Statutory Actions | | <input type="checkbox"/> 817 Freedom of Information Act | | <input type="checkbox"/> 818 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 466 Other Civil Rights | | <input type="checkbox"/> 720 Civil Rights | | <input type="checkbox"/> 805 Other Statutory Actions | | <input type="checkbox"/> 818 Freedom of Information Act | | <input type="checkbox"/> 819 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 467 Other Civil Rights | | <input type="checkbox"/> 730 Civil Rights | | <input type="checkbox"/> 806 Other Statutory Actions | | <input type="checkbox"/> 819 Freedom of Information Act | | <input type="checkbox"/> 820 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 460 Other

 | | <input type="checkbox"/> 468 Other Civil Rights | | <input type="checkbox"/> 740 Civil Rights | | <input type="checkbox"/> 807 Other Statutory Actions | | <input type="checkbox"/> 820 Freedom of Information Act | | <input type="checkbox"/> 821 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 469 Other Civil Rights | | <input type="checkbox"/> 750 Civil Rights | | <input type="checkbox"/> 808 Other Statutory Actions | | <input type="checkbox"/> 821 Freedom of Information Act | | <input type="checkbox"/> 822 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 470 Other Civil Rights | | <input type="checkbox"/> 760 Civil Rights | | <input type="checkbox"/> 809 Other Statutory Actions | | <input type="checkbox"/> 822 Freedom of Information Act | | <input type="checkbox"/> 823 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 471 Other Civil Rights | | <input type="checkbox"/> 770 Civil Rights | | <input type="checkbox"/> 810 Other Statutory Actions | | <input type="checkbox"/> 823 Freedom of Information Act | | <input type="checkbox"/> 824 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 472 Other Civil Rights | | <input type="checkbox"/> 780 Civil Rights | | <input type="checkbox"/> 811 Other Statutory Actions | | <input type="checkbox"/> 824 Freedom of Information Act | | <input type="checkbox"/> 825 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 473 Other Civil Rights | | <input type="checkbox"/> 790 Civil Rights | | <input type="checkbox"/> 812 Other Statutory Actions | | <input type="checkbox"/> 825 Freedom of Information Act | | <input type="checkbox"/> 826 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 520 Other

 | | <input type="checkbox"/> 474 Other Civil Rights | | <input type="checkbox"/> 800 Civil Rights | | <input type="checkbox"/> 813 Other Statutory Actions | | <input type="checkbox"/> 826 Freedom of Information Act | | <input type="checkbox"/> 827 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 475 Other Civil Rights | | <input type="checkbox"/> 810 Civil Rights | | <input type="checkbox"/> 814 Other Statutory Actions | | <input type="checkbox"/> 827 Freedom of Information Act | | <input type="checkbox"/> 828 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 476 Other Civil Rights | | <input type="checkbox"/> 820 Civil Rights | | <input type="checkbox"/> 815 Other Statutory Actions | | <input type="checkbox"/> 828 Freedom of Information Act | | <input type="checkbox"/> 829 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 477 Other Civil Rights | | <input type="checkbox"/> 830 Civil Rights | | <input type="checkbox"/> 816 Other Statutory Actions | | <input type="checkbox"/> 829 Freedom of Information Act | | <input type="checkbox"/> 830 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 478 Other Civil Rights | | <input type="checkbox"/> 840 Civil Rights | | <input type="checkbox"/> 817 Other Statutory Actions | | <input type="checkbox"/> 830 Freedom of Information Act | | <input type="checkbox"/> 831 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 479 Other Civil Rights | | <input type="checkbox"/> 850 Civil Rights | | <input type="checkbox"/> 818 Other Statutory Actions | | <input type="checkbox"/> 831 Freedom of Information Act | | <input type="checkbox"/> 832 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 580 Other

 | | <input type="checkbox"/> 480 Other Civil Rights | | <input type="checkbox"/> 860 Civil Rights | | <input type="checkbox"/> 819 Other Statutory Actions | | <input type="checkbox"/> 832 Freedom of Information Act | | <input type="checkbox"/> 833 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 481 Other Civil Rights | | <input type="checkbox"/> 870 Civil Rights | | <input type="checkbox"/> 820 Other Statutory Actions | | <input type="checkbox"/> 833 Freedom of Information Act | | <input type="checkbox"/> 834 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 482 Other Civil Rights | | <input type="checkbox"/> 880 Civil Rights | | <input type="checkbox"/> 821 Other Statutory Actions | | <input type="checkbox"/> 834 Freedom of Information Act | | <input type="checkbox"/> 835 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 483 Other Civil Rights | | <input type="checkbox"/> 890 Civil Rights | | <input type="checkbox"/> 822 Other Statutory Actions | | <input type="checkbox"/> 835 Freedom of Information Act | | <input type="checkbox"/> 836 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 484 Other Civil Rights | | <input type="checkbox"/> 900 Civil Rights | | <input type="checkbox"/> 823 Other Statutory Actions | | <input type="checkbox"/> 836 Freedom of Information Act | | <input type="checkbox"/> 837 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 485 Other Civil Rights | | <input type="checkbox"/> 910 Civil Rights | | <input type="checkbox"/> 824 Other Statutory Actions | | <input type="checkbox"/> 837 Freedom of Information Act | | <input type="checkbox"/> 838 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 486 Other Civil Rights | | <input type="checkbox"/> 920 Civil Rights | | <input type="checkbox"/> 825 Other Statutory Actions | | <input type="checkbox"/> 838 Freedom of Information Act | | <input type="checkbox"/> 839 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 487 Other Civil Rights | | <input type="checkbox"/> 930 Civil Rights | | <input type="checkbox"/> 826 Other Statutory Actions | | <input type="checkbox"/> 839 Freedom of Information Act | | <input type="checkbox"/> 840 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 488 Other Civil Rights | | <input type="checkbox"/> 940 Civil Rights | | <input type="checkbox"/> 827 Other Statutory Actions | | <input type="checkbox"/> 840 Freedom of Information Act | | <input type="checkbox"/> 841 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 489 Other Civil Rights | | <input type="checkbox"/> 950 Civil Rights | | <input type="checkbox"/> 828 Other Statutory Actions | | <input type="checkbox"/> 841 Freedom of Information Act | | <input type="checkbox"/> 842 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 490 Other Civil Rights | | <input type="checkbox"/> 960 Civil Rights | | <input type="checkbox"/> 829 Other Statutory Actions | | <input type="checkbox"/> 842 Freedom of Information Act | | <input type="checkbox"/> 843 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 491 Other Civil Rights | | <input type="checkbox"/> 970 Civil Rights | | <input type="checkbox"/> 830 Other Statutory Actions | | <input type="checkbox"/> 843 Freedom of Information Act | | <input type="checkbox"/> 844 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 700 Other

 | | <input type="checkbox"/> 492 Other Civil Rights | | <input type="checkbox"/> 980 Civil Rights | | <input type="checkbox"/> 831 Other Statutory Actions | | <input type="checkbox"/> 844 Freedom of Information Act | | <input type="checkbox"/> 845 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 710 Other

 | | <input type="checkbox"/> 493 Other Civil Rights | | <input type="checkbox"/> 990 Civil Rights | | <input type="checkbox"/> 832 Other Statutory Actions | | <input type="checkbox"/> 845 Freedom of Information Act | | <input type="checkbox"/> 846 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 720 Other

 | | <input type="checkbox"/> 494 Other Civil Rights | | <input type="checkbox"/> 1000 Civil Rights | | <input type="checkbox"/> 833 Other Statutory Actions | | <input type="checkbox"/> 846 Freedom of Information Act | | <input type="checkbox"/> 847 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 496 Other Civil Rights | | <input type="checkbox"/> 1020 Civil Rights | | <input type="checkbox"/> 835 Other Statutory Actions | | <input type="checkbox"/> 848 Freedom of Information Act | | <input type="checkbox"/> 849 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 497 Other Civil Rights | | <input type="checkbox"/> 1030 Civil Rights | | <input type="checkbox"/> 836 Other Statutory Actions | | <input type="checkbox"/> 849 Freedom of Information Act | | <input type="checkbox"/> 850 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 760 Other

 | | <input type="checkbox"/> 498 Other Civil Rights | | <input type="checkbox"/> 1040 Civil Rights | | <input type="checkbox"/> 837 Other Statutory Actions | | <input type="checkbox"/> 850 Freedom of Information Act | | <input type="checkbox"/> 851 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 770 Other

 | | <input type="checkbox"/> 499 Other Civil Rights | | <input type="checkbox"/> 1050 Civil Rights | | <input type="checkbox"/> 838 Other Statutory Actions | | <input type="checkbox"/> 851 Freedom of Information Act | | <input type="checkbox"/> 852 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 780 Other

 | | <input type="checkbox"/> 500 Other Civil Rights | | <input type="checkbox"/> 1060 Civil Rights | | <input type="checkbox"/> 839 Other Statutory Actions | | <input type="checkbox"/> 852 Freedom of Information Act | | <input type="checkbox"/> 853 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 790 Other

 | | <input type="checkbox"/> 501 Other Civil Rights | | <input type="checkbox"/> 1070 Civil Rights | | <input type="checkbox"/> 840 Other Statutory Actions | | <input type="checkbox"/> 853 Freedom of Information Act | | <input type="checkbox"/> 854 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 502 Other Civil Rights | | <input type="checkbox"/> 1080 Civil Rights | | <input type="checkbox"/> 841 Other Statutory Actions | | <input type="checkbox"/> 854 Freedom of Information Act | | <input type="checkbox"/> 855 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 503 Other Civil Rights | | <input type="checkbox"/> 1090 Civil Rights | | <input type="checkbox"/> 842 Other Statutory Actions | | <input type="checkbox"/> 855 Freedom of Information Act | | <input type="checkbox"/> 856 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 820 Other

 | | <input type="checkbox"/> 504 Other Civil Rights | | <input type="checkbox"/> 1100 Civil Rights | | <input type="checkbox"/> 843 Other Statutory Actions | | <input type="checkbox"/> 856 Freedom of Information Act | | <input type="checkbox"/> 857 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 830 Other

 | | <input type="checkbox"/> 505 Other Civil Rights | | <input type="checkbox"/> 1110 Civil Rights | | <input type="checkbox"/> 844 Other Statutory Actions | | <input type="checkbox"/> 857 Freedom of Information Act | | <input type="checkbox"/> 858 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 840 Other

 | | <input type="checkbox"/> 506 Other Civil Rights | | <input type="checkbox"/> 1120 Civil Rights | | <input type="checkbox"/> 845 Other Statutory Actions | | <input type="checkbox"/> 858 Freedom of Information Act | | <input type="checkbox"/> 859 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 850 Other

 | | <input type="checkbox"/> 507 Other Civil Rights | | <input type="checkbox"/> 1130 Civil Rights | | <input type="checkbox"/> 846 Other Statutory Actions | | <input type="checkbox"/> 859 Freedom of Information Act | | <input type="checkbox"/> 860 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 860 Other

 | | <input type="checkbox"/> 508 Other Civil Rights | | <input type="checkbox"/> 1140 Civil Rights | | <input type="checkbox"/> 847 Other Statutory Actions | | <input type="checkbox"/> 860 Freedom of Information Act | | <input type="checkbox"/> 861 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 509 Other Civil Rights | | <input type="checkbox"/> 1150 Civil Rights | | <input type="checkbox"/> 848 Other Statutory Actions | | <input type="checkbox"/> 861 Freedom of Information Act | | <input type="checkbox"/> 862 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 880 Other

 | | <input type="checkbox"/> 510 Other Civil Rights | | <input type="checkbox"/> 1160 Civil Rights | | <input type="checkbox"/> 849 Other Statutory Actions | | <input type="checkbox"/> 862 Freedom of Information Act | | <input type="checkbox"/> 863 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 511 Other Civil Rights | | <input type="checkbox"/> 1170 Civil Rights | | <input type="checkbox"/> 850 Other Statutory Actions | | <input type="checkbox"/> 863 Freedom of Information Act | | <input type="checkbox"/> 864 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 512 Other Civil Rights | | <input type="checkbox"/> 1180 Civil Rights | | <input type="checkbox"/> 851 Other Statutory Actions | | <input type="checkbox"/> 864 Freedom of Information Act | | <input type="checkbox"/> 865 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 513 Other Civil Rights | | <input type="checkbox"/> 1190 Civil Rights | | <input type="checkbox"/> 852 Other Statutory Actions | | <input type="checkbox"/> 865 Freedom of Information Act | | <input type="checkbox"/> 866 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 514 Other Civil Rights | | <input type="checkbox"/> 1200 Civil Rights | | <input type="checkbox"/> 853 Other Statutory Actions | | <input type="checkbox"/> 866 Freedom of Information Act | | <input type="checkbox"/> 867 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 515 Other Civil Rights | | <input type="checkbox"/> 1210 Civil Rights | | <input type="checkbox"/> 854 Other Statutory Actions | | <input type="checkbox"/> 867 Freedom of Information Act | | <input type="checkbox"/> 868 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | <input type="checkbox"/> 516 Other Civil Rights | | <input type="checkbox"/> 1220 Civil Rights | | <input type="checkbox"/> 855 Other Statutory Actions | | <input type="checkbox"/> 868 Freedom of Information Act | | <input type="checkbox"/> 869 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 950 Other

 | | <input type="checkbox"/> 517 Other Civil Rights | | <input type="checkbox"/> 1230 Civil Rights | | <input type="checkbox"/> 856 Other Statutory Actions | | <input type="checkbox"/> 869 Freedom of Information Act | | <input type="checkbox"/> 870 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 960 Other

 | | <input type="checkbox"/> 518 Other Civil Rights | | <input type="checkbox"/> 1240 Civil Rights | | <input type="checkbox"/> 857 Other Statutory Actions | | <input type="checkbox"/> 870 Freedom of Information Act | | <input type="checkbox"/> 871 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 970 Other

 | | <input type="checkbox"/> 519 Other Civil Rights | | <input type="checkbox"/> 1250 Civil Rights | | <input type="checkbox"/> 858 Other Statutory Actions | | <input type="checkbox"/> 871 Freedom of Information Act | | <input type="checkbox"/> 872 Environmental Matters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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SIGNATURE OF ATTORNEY OR RECORD

DOCKET NUMBER

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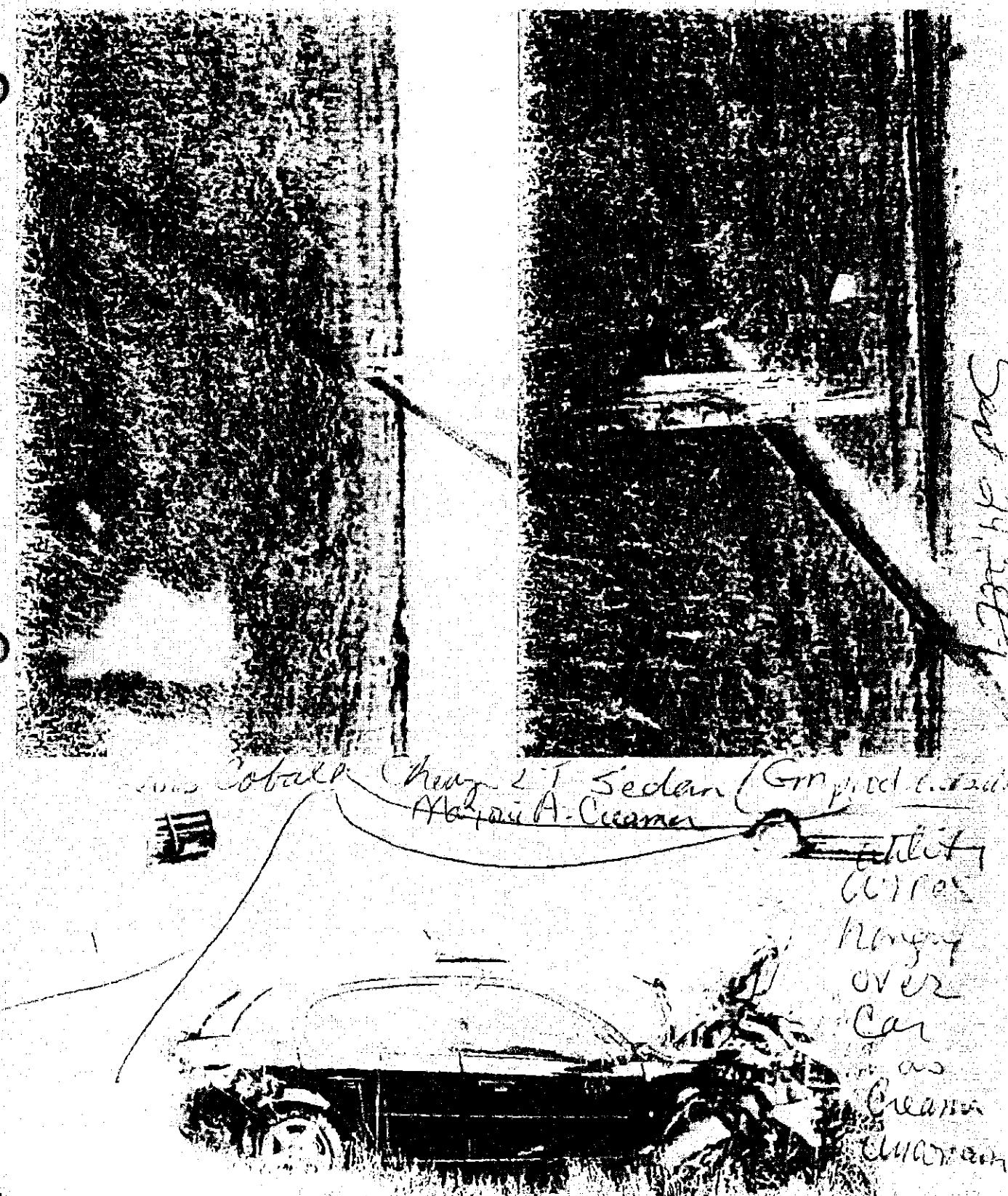
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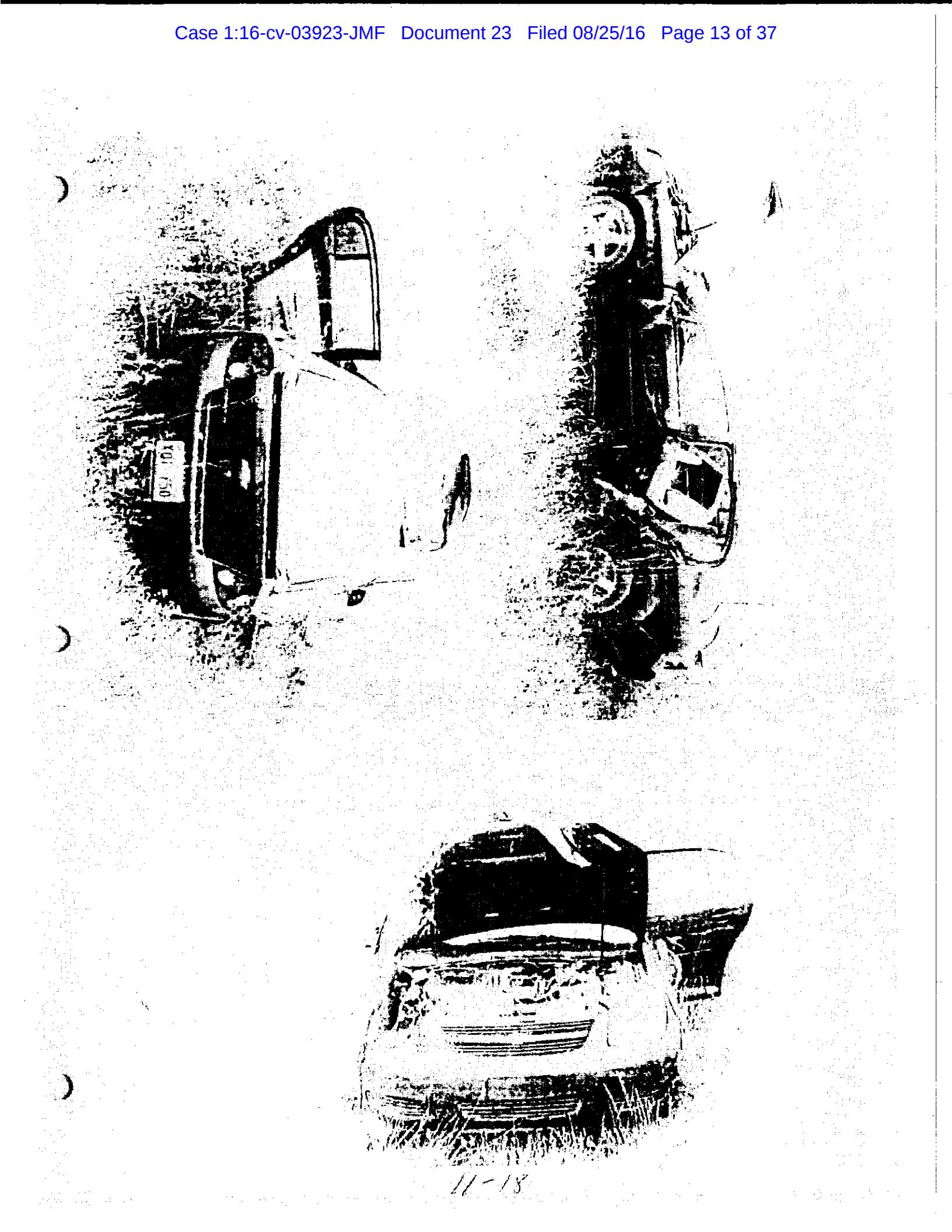
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9-18



10-718



11-18

FATAL
 INJURY
 PDO over \$1000
 PDO under \$1000
 PRIVATE PROPERTY

STATE OF KANSAS
MOTOR VEHICLE ACCIDENT REPORT

DOT FORM NO. 850

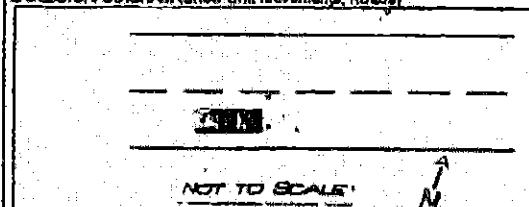
KDOT Rev. 1-2005 AFR8 3.1 V.20080319.e

Amended Report
 Hit & Run Accident
 KDOT Property Damage
 KDOT Construction Zone

Mapset	COUNTY	On Road	Speed Limit	CITY	Photos By	Local Case Number	Page of
193.7	SD	US83	65	SELDEN	SDSO	2009-AC-43	1 2

Distance	From	Dir.	FROM <input type="checkbox"/> AT	Road	Speed Limit	Investigating Dept.	Investigating Officer /Badge Number	Reviewed By
0.100	M	W	US83 & US383 JUNCT		65	Sheridan Co. Sheriff	BRIAN FENNER 80	

COLLISION DIAGRAM (Show Unit Movements, Roads)



Describe pre-crash movement or action and direction of vehicles and pedestrians by traffic unit number.

V1 WAS EASTBOUND ON US83 WHEN D1 LOST CONTROL OF V1. V1 ENTERED THE NORTH DITCH AND ROLLED ONTO IT'S TOP THEN HIT THE UTILITY POLE. V1 WAS THEN SPUN AND ROLLED ONTO WHEELS.

Date of Accident
09/24/2009

TIME Occurred DAY
17:20 TH
TIME Notified DAY
17:27 TH
TIME Arrived DAY
17:45 TH

Object Damaged and nature of damage (Show location in diagram)

UTILITY POLE

Name and Address of object owner
MIDWEST ENERGY, 916 SHERIDAN AVE, HOMIE, KS 67740

ON-Road	End Side	Side Movement	AT-Road	Distance	Unit	Dir.	Latitude	Longitude	STATE USE ONLY				
County	City Code	Agency Code	Distance	Reference Road 1	+	E	Distance	Reference Road 2	Order	From Class			
Unit	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped	NAME (Last, First and Initial)	Phone	Vehicle	Hours	Color	YEAR	MAKE	MODEL	BODY STYLE	MC CCR		
01	<input checked="" type="checkbox"/> CREAMER	MARJORIE	A			BLK	2006	CHEV	CBT	4D			
Driver/Ped ADDRESS Number & Street City			State Zip Code			STATE	LICENSE PLATES	EXP YR	Removed By				
SMITH CENTER KS						KS		2010	ACS TOWING & REPAIR				
DRIVERS LICENSE STATE and NUMBER			CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER			Odometer				
SL No.			N		F								
Registered OWNER FULL NAME ("Same" if Driver)			Phone	Work	Home	TOTAL occupants in this vehicle	PIR	Insurance Company					
CREAMER MARJORIE A						1	N	PROGRESSIVE					
OWNER Address ("Same" if Driver)			City	State	Zip Code	Resident Date Area	Direction of Travel	Policy Number					
KS							B						
Special Conditions for unit above: <input type="checkbox"/> 01 Hit & Run <input type="checkbox"/> 02 Non-Contact <input type="checkbox"/> 03 Stolen <input type="checkbox"/> 04 Legally parked <input type="checkbox"/> 05 Police pursuit <input type="checkbox"/> 06 Driverless <input checked="" type="checkbox"/> 07 Towed away													
TRAF	SEAT TYPE	Last NAME	First Name	Initial	ADDRESS (Number, Street, City, State, Zip)			SEX	AGE	S.E. USED	EJECT TRAP	PAJ SEV	EMG UNIT
01	01	CREAMER	MARJORIE	A				P	52	S	N	N	
INJURED TAKEN BY:					INJURED TAKEN BY:			E Unit	INJURED TAKEN BY:				
E Unit	M	S	A				E Unit	M	S	C			
INJURED TAKEN TO:					INJURED TAKEN TO:			INJURED TAKEN TO:					

12-18

Dr/Pd:	Violation Charged	Citation No.	Dr/Pd:	Violation Charged	Citation No.	Dr/Pd:	Violation Charged	Citation No.
Dr/Pd:	Violation Charged	Citation No.	Dr/Pd:	Violation Charged	Citation No.	Dr/Pd:	Violation Charged	Citation No.
OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES (Factor Type-Unit Number/Specific Factor) Enter in order of codes that apply.								
01	LIGHT	TRAFFIC CONTROLS			ACCIDENT CLASS			
01 Daylight	(On/Off Road)	(OK/Non-functional)	08	ACCIDENT CLASS	* COLLISION WITH OTHER MOTOR VEH.			
02 Dawn	OK/NP	OK/NP	00 Other non-collision	01 Head-on	01 Head-on			
03 Dusk	OK	OK	01 Overturned	02 Rear end	02 Rear end			
04 Dark street lights on	OK	OK	02 Pedestrian	03 Angle- side impact	03 Angle- side impact			
05 Dark no street lights	OK	OK	03 Other motor vehicle	04 Side-impact: opposite direction	04 Side-impact: opposite direction			
00	WEATHER	00 None	05 Other	05 Pedestrian	06 Backed into			
01 Rain, Mist, Drizzle	01 Officer, finger	06 Yield sign	06 Other	07 Animal (specify)	08 Other			
02 Sleet	02 Traffic signal	07 RR gates or signal		09 Fixed object **				
03 Snow	03 Stop sign	08 RR crossing signal		09 Other object				
04 Fog	04 Flasher	09 No passing zone						
05 Smokes	05 Sheet & fog	09 Centeredge lines						
06 Strong winds	06 Sleet & fog							
07 Blowing dust, sand, etc.	07 Snow & winds							
08 Freezing rain								
88 Other								
ON	SURFACE TYPE	ROAD CHARACTER			ACCIDENT LOCATION			
01	01 Concrete	ON	01 Straight and level	ON ROADWAY:	01 Bridge structures			
02	02 Asphalt	01	02 Straight on grade	11 Non-Intersection	02 Bridge rail			
AT	03 Gravel	AT	03 Straight at hillcrest	12 Intersection	03 Canal/valley (natural)			
	04 Dirt		04 Curved and level	13 Intersection-related	04 Ditch; median barrier			
	05 Brick		05 Curved on grade	14 Parking lot or driveway entrance	05 Overhanded signs support			
	88 Other		06 Curved at hillcrest	15 Interchange area	06 Utility structures: pole, meter, etc.			
ON	SURFACE CONDITION	00	07 Other	16 On crossover	07 Other post-OS-poles			
01	01 Dry	ON		21 Roadside (including shoulder)	08 Sidewalk			
02	02 Wet	01		22 Median	09 Crosswalk			
AT	03 Snow or slush	AT		23 Median	10 Signs post	10 Median		
	04 Icy or snowpacked			24 Parking lot, rest area, trafficway	11 Culvert	11 Ditch		
	05 Mud, dirt or sand			25 Other	12 Craft	12 Embankment		
	06 Debris (Oil, etc.)			26 Other	13 Poles/ trees	13 Tree		
	88 Other				14 Hydrants	14 Tree		
01	VEHICLE MANEUVER BEFORE CRASH	00	CONST/MAINT. ZONE	00	ROAD SPECIAL FEATURES	Enter any other location		
	01 Straight/following road	ON	00 None apply	01	01 Roadside	Address code		
	02 Left turn	AT	01 Construction zone	02	02 Pedestrian	Code: Name		
	03 Right turn		02 Maintenance zone	03	03 Utility zone			
	04 U-turn			04	04 Pedestrian crossing			
	05 Overtaking (passing)			05	05 Intersection			
	06 Changing lanes			06	06 Ramp			
	07 Avoiding maneuver			07	07 Other			
	08 Merging							
	09 Parking							
	10 Backing							
	11 Stopped awaiting turn							
	12 Stopped in traffic							
	13 Illegally parked							
	14 Dislodged in roadway							
	15 Hitting or stopping							
	88 Other							
03	VEHICLE DAMAGE	01	DAMAGE LOCATION AREA - Vehicle	01	VEHICLE BODY TYPE	HEAVY / LARGE VEHICLES		
	00 None	00	01	01 Automobile	01	01 Single large truck		
	01 Damage (minor)	01	02	02 Motorcycle	02	02 Trunk and trailer		
	02 Functional	02	03	03 Motorcylce or Moped	03	03 Tractor-trailing		
	03 Disabling	03	04	04 Van	04	04 Cross country van		
	04 Destroyed	04	05	05 Pickup truck	05	05 Hopped bus		
	88 Other	05	06	06 Sport Utility Vehicle	06	06 Transit bus		
01	DR. LIC. COMPLY (Code each driver)	00	RESTRICT. COMPLY (Code each driver)	01	07 Camper or RV	07	07 Trail	
	00 Not Lcnsed	00	02	08 Parts equipment	08	77 Emergency Vehicles		
	01 Valid license	01	03	09 All license vehicles (ATM)	09	88 Other		
	02 Invalid license	02	04					
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COLLISION DIAGRAM

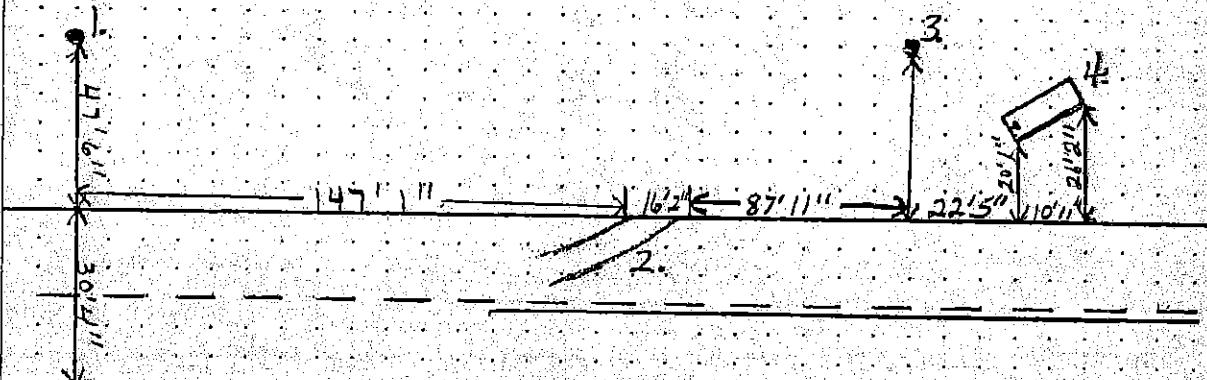
Draw scene as observed. Refer to vehicles, drivers, and pedestrians by numbers assigned in this report.

SHOW

- (1) Outline of street and access points and identify specifically by number.
- (2) Paths of units prior to and after impact, skidmarks, and point of impact (POI).
- (3) Location of signs, traffic controls, and reference points.
- (4) Location of other property hit or damaged (trees, signs, etc.).
- (5) Specific features at location (bridge, overpass, culvert, railroad crossing, etc.).
- (6) Location of temporary highway conditions.
- (7) All measurements to locate the accident relative to specific, fixed, and identifiable points.

↑
NORTH

DIAGRAM NOT DRAWN TO SCALE



1. FIXED POINT (UTILITY POLE)
2. V.I. SKID MARKS
3. BROKEN UTILITY POLE
4. V.I. FINAL RESTING POINT

19-18

WITNESS

SHERIDAN COUNTY SHERIFF'S DEPARTMENT

Case# _____

Brian K. Fenner, Sheriff

Hessel M. Anderson, Undersheriff

CASE STATEMENT

NAME Dustin J Burgardt DATE OF BIRTH 10/16/82
SS# ██████████ or DL# ██████████
ADDRESS ██████████ Colbyke PHONE ██████████

Traveling NE on Hwy 83 toward 83+383, junction from Seldon, Ks. I saw the Black Dodge ^{Cobalt} ~~Front~~ swerve into the oncoming traffic lane, maintain a straight direction for several seconds. The car then had two tires off the pavement, promptly swerved back onto the road, only to swerve again. The car then swerved hard left, went through the north ditch, hit a telephone pole, rolled onto the top of the car, and then finished the roll onto the tires. I dialed 911 and stopped immediately. While on the phone to the dispatcher I helped one (1) occupant out of the back seat of the vehicle. I tried to communicate with the occupant, but was hard

SIGNATURE Just Zayden DATE 9-24-09

PAGE 1 OF 1

SHERIDAN COUNTY SHERIFF'S DEPARTMENT

Case# _____

Brian K. Fenner, Sheriff

Hessel M. Anderson, Undersheriff

CASE STATEMENT

NAME Marijorie A. Creamer DATE OF BIRTH 5-7

SS# ██████████ or DL# ██████████

ADDRESS ██████████

PHONE ██████████

Plasti Tires / East Bound
on 23 on curb and 2000 tried to get
back on the road and turned hit
pole and rolled west side

Hood of car down on carpeted
perfect - not as picture front

Sheriff Finney

Send me a copy

Smith Center KS

SIGNATURE

Marijorie A. Creamer

DATE

Sept 24, 2009

PAGE

OF

<input type="checkbox"/> FATAL	<input type="checkbox"/> INJURY	STATE OF KANSAS MOTOR VEHICLE ACCIDENT REPORT										<input type="checkbox"/> Amended Report	
DOT FORM NO. 850												<input type="checkbox"/> Hit & Run Accident	
Rev. 1-2003												<input type="checkbox"/> KDOT Property Damage	
												<input type="checkbox"/> KDOT Construction Zone	
Milepost			County	On Road	Speed Limit	CITY	Photos By	Local Case Number	Page				
193.7			SD	US 83	65	SELDEN	SDSO	09-AC-43	15				
Distance	Fwd	Dr.	<input type="checkbox"/> FROM	<input type="checkbox"/> AT Road	Speed Limit	Investigating Dept.	Investigating Officer	Badge Number	Reviewed By				
• 1	mi	W	US33 & US83 JUNCTION		65	SDSO	BRIAN FONNER/80						
COLLISION DIAGRAM (Show Unit Movements, Roads)												Date of Accident	
												09242009	
KPT DRAW N TO SCALE: VI WAS EASTBOUND ON 45 83 WHEN VI LOST CONTROL OF VI. VI ENTERED THE NORTH DITCH AND ROLLED ONTO IT'S TOP THEN HIT THE UTILITY POLE VI WAS THEN SPUD AND ROLLED ONTO WHEELS												TIME Occurred	
												1720	
												TIME Received	
												1727	
												TIME Arrived	
												1745	
Object Damaged and nature of damage (Show location in diagram)												67740	
UTILITY POLE 													
DRIVER'S LICENSE STATE and NUMBER												Latitude	
SD 10157												Longitude	
Name (Last, First and Initial)												Color	
CLEARMOOR, MARJORIE ANN												YEAR	
Phone												MAKE	
[REDACTED]												MODEL	
[REDACTED]												4	
[REDACTED]												BODY STYLE	
[REDACTED]												REG CCA	
Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)												STATE	
[REDACTED]												LICENSE PLATE #	
[REDACTED]												EXPI. YR	
[REDACTED]												Removed By	
[REDACTED]												2010 ACS TOWING & REPAIR	
[REDACTED]												Odometer	
[REDACTED]												Vehicle Identification Number	
[REDACTED]												TOTAL value in this vehicle	
[REDACTED]												FIRE?	
[REDACTED]												Insurance Company	
[REDACTED]												PROGRESSIVE	
[REDACTED]												Special Data Area	
[REDACTED]												Direction of Travel	
[REDACTED]												E	
[REDACTED]												Driverless	
[REDACTED]												7 Towed away	
[REDACTED]												1 Hr & Run	
[REDACTED]												2 Non-Contact	
[REDACTED]												3 Stolen	
[REDACTED]												4 Legally parked	
[REDACTED]												5 Police pursuit	
[REDACTED]												6 Driverless	
[REDACTED]												7 Towed away	
[REDACTED]												1 Hr & Run	
[REDACTED]												2 Non-Contact	
[REDACTED]												3 Stolen	
[REDACTED]												4 Legally parked	
[REDACTED]												5 Police pursuit	
[REDACTED]												6 Driverless	
[REDACTED]												7 Towed away	
TRAP/BEAT UNIT TYPE		Last Name	First Name	Initial	ADDRESS (Number, Street, City, State, Zip)		SEX	AGE	S.E. USED	EJECT	TRU	EMER	
101		CLEARMOOR	MARJORIE	ANN	Smith Center, KS		F	52	S	N	N	N	
INJURED TAKEN BY:													
E Unit		INJURED TAKEN BY:				INJURED TAKEN BY:				INJURED TAKEN BY:			
M													
A													
E Unit		INJURED TAKEN TO:				INJURED TAKEN TO:				INJURED TAKEN TO:			
M													
S													

12288
Aug 5 mailed from Fed X Track &
Aug 12, 2016 filed

#16-3293

Case of On
MO

Aug 16, 2016

SDNY Clerks

Please file Enclosed

Pro Se Statement

Marjorie M. Creamer
Mark your

CREAMER

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF NEW YORK

IN RE: GENERAL MOTORS, LLC
IGNITION SWITCH LITIGATION

THIS DOCUMENT RELATES

TO: [NAME: MARJORIE A.CREAMERa/k/a THE HUST

PLAINTIFF FACT SHEET

CASE INFORMATION

14-MD-2543 (JMF)

14-MC-2543 (JMF)

Case No.

16-3293

DIST of KS #16-4045

after 2014 Ignitor Switch
coverup revealedCTO-82
to MDL-2543Prefatory Statement

Plaintiff has not fully completed investigation of the facts relating to this claim, and has not completed all necessary discovery or preparation for trial. All of the responses contained herein are based only upon such information and documents that are presently available to and specifically known to Plaintiff and Plaintiff's counsel, agents, and representatives, and disclose only those contentions known or reasonably available to Plaintiff and Plaintiff's counsel, agents and representatives. It is anticipated that further discovery, independent investigation, legal research and analysis will supply additional facts, add meaning to the known facts, and establish entirely new factual conclusions and legal contentions, all of which may lead to substantial additions to, changes in, and variations from the responses and contentions set forth herein.

The following responses are given without prejudice to Plaintiff's right to produce evidence of any facts Plaintiff may later become aware of or recall. Plaintiff accordingly reserves the right to change, amend, or add to any and all responses herein as additional facts are ascertained, analyses are made, legal research is completed, memories are recalled, and contentions are made. The responses contained herein are made in a good faith effort to supply as much factual information and as much specification of factual and legal contentions as are presently known, but should in no way be to the prejudice of Plaintiff or Defendants in relation to further discovery, research or analysis or in any future lawsuit. Plaintiff has an affirmative duty to supplement or correct a response in a timely manner if Plaintiff learns that in some material respect the response is incomplete or incorrect, and if the additional or corrective information has not otherwise been made known to Defendants during the discovery process or in writing. In such a circumstance, Plaintiff agrees to timely file an amendment to this Fact Sheet.

Plaintiff provides the responses herein with the understanding that Plaintiff's responses will be governed by Order No. 10—Protecting Confidentiality and Privileged Materials—entered on 9/10/2014 in this litigation. [See Dkt. No. 294]

*2016 New X-rays (1st and only of spine)
head, MLE*

2009-2010 Nebraska, Hastings

Definitions

A. "Subject Vehicle" is defined as the vehicle that serves as the basis for Plaintiff's claim in this matter.

B. "Subject Incident" is defined as the Ignition-Switch Related Event involving the Subject Vehicle that is the basis for Plaintiff's claim in this matter.

C. "Ignition-Switch Related Event" includes, but is not limited to, an incident where the Subject Vehicle's ignition switch moved from the "run" position to "accessory" position (or otherwise moved out of the "run" position) resulting in a partial loss of electrical power, the vehicle's engine turning off, a loss of power steering, and/or a failure of the airbags to deploy.

The following questions are to be treated as interrogatories pursuant to Federal Rules of Civil Procedure, Rule 33, and are subject to Rules 26 and 37.

I. BASIC INFORMATION

1. Name of individual completing this Fact Sheet:

MARJORIE ANN CREAMER
P DO (paid on death) to Son
ZACHARY ROBERT GOTTSCHAU

2. Date of Birth:

1957

3. Address:

KC MO 64119
Are you completing this Fact Sheet in a representative capacity (e.g., on behalf of the estate of a deceased person, an incapacitated individual, or a minor injured in the Subject Incident on which this case is based)? TBI Major and other injuries

Yes

No

5. If you are completing this Fact Sheet in a representative capacity, identify the person(s) represented by name, date of birth, gender, and address:

Name	DOB	Gender	Address
Self	Same driver of Chevy Cobalt		

6. What is your relationship to the individual you represent?

Self

7. Were you appointed by a court?

Heel Case in BK of SDNY

Yes

No

BK#09-50026

8. If you represent a decedent's estate, state the decedent's date of death:

N/A

9. If you represent a decedent's estate, do you contend the Subject Incident caused the decedent's death?

N/A

CREAMER - 2006 Chevy Cobalt

10. If you represent a decedent's estate, identify the decedent's surviving spouse, parents, and children and provide their addresses (or the addresses of their attorneys, if applicable) and the age of any surviving children.

N/A

For the remaining questions of the fact sheet, "you" or "your" means the person injured in the Subject Incident on which this claim is based.

[Note: If you are completing this Fact Sheet in a representative capacity, please respond to the remaining questions with respect to the person who was injured in the Subject Incident. If the individual is deceased, please respond as of the time immediately before his or her death unless a different time period is specified.]

II. PERSONAL INFORMATION

11. Your Name:

MARJORIE ANN CREAMER

12. Male

Female

13. Age at time of Subject Incident:

age 52

*(spouse still alive)
died in 2013*

14. Date of birth:

1957

15. Social Security Number:

[REDACTED]

16. Driver's License Number/State of Issuance/Date of First Issuance:

Expires

17. List your current address and the period you have resided at the location:

Current Address	Dates
<i>[REDACTED]</i>	<i>KC, MO 64119</i>

18. Marital Status: Are you currently married?

Yes

No

Widow of

If yes, please identify your current spouse.

19. Were you married at the time of the Subject Incident?

Yes

No

20. Is your spouse pursuing a loss of consortium claim?

Yes

No

CREAMER - 2006 Chevy Cobalt

If you answered "Yes," please identify your spouse's name, date of birth, and occupation:

Spouse's Name	Date of Birth	Occupation
N/A		

21. If your spouse is pursuing a loss of consortium claim, please state whether you and your spouse have ever lived apart during your marriage or filed for separation or divorce.

III. PREVIOUS LEGAL MATTERS

22. Within the past ten (10) years, have you been convicted of, or pled guilty to, a felony or completed serving a sentence for a felony conviction?

Yes No

23. Within the past ten (10) years, have you been convicted of, or pled guilty to, a misdemeanor involving lying, false statements, cheating, fraud, or dishonesty?

Yes No

If you answered "yes" to question no. 22 and/or 23, please identify the charge for which you were convicted (or pled guilty to), the court in which you were convicted or entered the plea, the criminal action number assigned to the matter, and the sentence imposed.

24. Within the past ten (10) years, have you filed a lawsuit or made a claim involving personal injuries other than this case?

Yes No

If you answered "yes," please identify the Court, the case name, names of adverse parties, civil action number if filed, and state how the matter was resolved.

25. Within the past ten (10) years, have you submitted a workers' compensation claim, social security claim, or any other form of disability claim for injuries to the part(s) of your body that you claim was injured in the Subject Incident?

Yes No

If you answered "yes," please list the claims submitted, the entity with which the claim was filed, the year and location where the claim was filed, the claim number, nature of the disability, period of disability, and the status of the claim.

26. Other than this case, have you or has someone on your behalf made a claim or filed a lawsuit concerning the Subject Incident or the injuries and damages you claim to have sustained as a result of the Subject Incident?

*CREAMER -**2006 Chevy Cobalt*Yes No

If you answered "yes," please identify the other persons or entities against whom the claim was made or lawsuit was filed, the date of the claim or lawsuit, where the claim or lawsuit was filed and the status of the claim or lawsuit.

IV. VEHICLE INFORMATION

27. Subject Vehicle Model Year, Brand/Make, Model, and Trim Level:

2006 XM Satellite Sport Package Chevy Cobalt

28. Subject Vehicle's Vehicle Identification Number (VIN):

29. Date of purchase:

April 2007

30. Did you purchase the Subject Vehicle new or used?

NEW

31. Name and address of dealer/seller:

Clay Chevy New Hays City

32. State where the Subject Vehicle is currently located and who has possession of it.

*2010 last at Wichita, KS insurance and police
Is the Subject Vehicle available for inspection? tried to arrest me then*

33. Is the Subject Vehicle available for inspection?

UNKNOWN

Yes No

Salvaged

34. Has the Subject Vehicle's Sensing and Diagnostic Module ("SDM") been downloaded at any time following the Subject Incident?

Yes

No

*by Annette Legdon
GM Claims Agent*

If you answered "yes," please identify the step-by-step process used to download the SDM data, including, but not limited to, the person performing the download of the data and the date such download occurred.

35. Has the SDM ever been removed from the Subject Vehicle?

Yes

No

at time

Don't Know

inspected

If you answered "yes," please identify who removed the module, when the module was removed, and where the module is currently located.

36. Identify, to your knowledge, all persons who have inspected and/or photographed the Subject Vehicle since the Subject Incident.

UNKNOWN

V. MAINTENANCE HISTORY

37. To your knowledge, has the Subject Vehicle's ignition switch ever been repaired and/or serviced?

Never

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2006 Chevy Cobalt

Yes No

If you answered "yes," please describe the repair or service performed, when it was performed, and who performed it.

38. To your knowledge, has the Subject Vehicle's airbag(s) or its components ever been repaired and/or replaced?

Yes No

If you answered "yes," please describe the repair or service performed, when it was performed, and who performed it.

VI. INCIDENT INFORMATION

39. Do you claim to have experienced an Ignition-Switch Related Event in the Subject Vehicle?

Sept 29, 2009 Accident

Yes No

If you answered "yes," please state how many Subject Incidents you claim to have experienced.

40. With respect to the first, or earliest, Subject Incident you experienced:

a. What date and time did it happen?

Sept 29, 2009

b. Were you driving the Subject Vehicle during the Subject Incident?

Yes No

If you answered "no," please provide the name, age, and current address of the driver, and relationship to you.

c. If the driver of the Subject Vehicle had a cellular telephone and/or other mobile communications device in the vehicle during the Subject Incident, please provide the telephone number(s) and service provider(s) for the devices(s).

d. State whether the driver of the Subject vehicle consumed any prescription medication, non-prescription medication or drugs, or alcoholic beverage in the 24 hours before the Subject Incident and identify the substance and amount consumed.

None

e. Did the driver of the Subject Vehicle submit to any drug or alcohol testing following the Subject Incident?

None needed

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Yes No

If you answered "yes," please describe the testing performed and the results of the testing.

f. Describe all items on the key chain attached to the key in the Subject Vehicle's ignition switch at the time of the Subject Incident. *KEY (IGNITION)*

g. Describe the location of the Subject Incident, including, but not limited to, the surroundings, terrain, and the highway, street or parking lot or address where it happened.

h. Describe the lighting, weather, and road conditions (e.g., daylight, rainy, wet, icy, dry) during the Subject Incident. *Clear, sunny*

i. Indicate the length of time and distance the Subject Vehicle travelled off the roadway during the Subject Incident, if applicable. *69 mph*

j. Was there a collision?

69 mph
Cruise Yes No

Ditch

Utility pole

to other side ditch
NO steering available

If you answered "yes," please describe the portion of the Subject Vehicle that collided with or struck any other object during the Subject Incident.

k. Did the Subject Incident involve a rollover event?

Yes No

If you answered "yes," describe the rollover event, whether the rollover occurred on road or off road, whether it was a passenger's side or driver's side leading roll, and whether the Subject Vehicle struck any object before, during, or after the roll.

l. Did emergency responders arrive on scene?

Yes No

If you answered "yes," please identify the responding agency and the incident or report number documenting their response to this incident.

m. Was anyone injured?

Yes No

n. Was any property damaged, including, but not limited to, the vehicles involved?

Yes No

Wires hanging over car, broke me
KNOCKED OUT

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If you answered "yes," please identify the property damaged and describe the damage, including the total of any repair estimate and whether any repairs were made to the vehicle as a result thereof.

of car \$4500.00 More than my insurance

o. Is there a police report concerning the incident?

Yes No

If you answered yes, please identify the police agency and the incident/report number relating to the incident.

p. Were any photographs taken of accident scene, the Subject Vehicle, and/or the vehicle's occupants?

Yes No

q. Describe what happened, including the vehicle's approximate speed when the Subject Incident began (and/or the gear the vehicle was in), any and all inputs (steering, braking, etc.) the driver made to the vehicle during the Subject Incident, the response of the vehicle, and the outcome.

r. Did the vehicle's airbag(s) deploy during the Subject Incident?

Yes No

If you answered "yes," please state which airbags deployed.

s. Were you wearing a seat belt at the time of the Subject Incident?

Yes No

t. Was any occupant of the Subject Vehicle fully or partially ejected during the Subject Incident?

Yes No

If you answered "yes," please explain.

u. Identify any citations or tickets that were issued following the Subject Incident.

None

v. Did you take the Subject Vehicle to a dealership or service facility after the Subject Incident to address the Ignition-Switch Related Event?

N/A

Yes

No *Called about non-deployment
Air bag agent accessed*

*BK Coverage
SD & NY*

If you answered "yes," please identify the dealership or service facility, the date of service, and describe what work was done to the Subject Vehicle, anything you

See cases filed

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were told about the Subject Vehicle and/or the Ignition-Switch Related Event, and identify all documentation associated therewith.

41. For each additional such Ignition-Switch Related Event you experienced, please answer question(s) 40(a)-(v) on a separate page and attach to the end of your Fact Sheet responses. - 2007 winter both front back passengers tires blew - non airbag deployment

42. Without prejudice to amending or supplementing this response at a later date, list the potential defects in the Subject Vehicle that you currently believe may have caused or contributed to the Subject Incident(s) and the basis for your assertions of same. - defective recalled STEERING MOTOR

43. Without prejudice to amending or supplementing this response at a later date, list the potential defects in the Subject Vehicle that you currently believe may have caused or contributed to your alleged injuries and the basis for your assertions of same. - none

44. Do you claim that the Subject Vehicle experienced a "moving stall" or otherwise lost engine power, and that this caused a loss of vehicle control during the Subject Incident? - none

Defective Steering Motor recalled
Yes No
Never replaced

If you answered "yes," please state each fact that supports that claim, identify any fact witness(es) who support that claim, and provide summary of their anticipated testimony.

45. Do you claim that a loss of power steering occurred because the ignition switch moved out of the "run" position?

Yes No

If you answered "yes," please state each fact that supports that claim, identify any fact witness(es) who support that claim, and provide summary of their anticipated testimony.

46. Do you claim that a loss of power assist brakes occurred because the Ignition Switch moved out of the "run" position? - Please ignore Ditch report says driver lost control but no steering to steer away from utility pole in Ditch

Yes No

If you answered "yes," please state each fact that supports that claim, identify any fact witness(es) who support that claim, and provide summary of their anticipated testimony.

47. Do you claim that any of the Subject Vehicle's airbag systems failed to deploy during the Subject Incident because the Ignition Switch moved out of the "run" position?

Yes No

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If you answered "yes," please state each fact that supports that claim, identify any fact witness(es) who support that claim, and provide summary of anticipated testimony.

System locked up shut down

VII. INJURY INFORMATION

48. For each Subject Incident in which you allegedly sustained a personal injury, please describe your injuries and how they were sustained. *Control*
 49. Did the injuries you allegedly sustained during the Subject Incident result in hospitalization? *no on coming traffic saved drivers life*
 50. Please identify all facilities, agencies, hospitals, physicians, therapists, and other medical professionals who provided treatment for the injuries you allegedly sustained during the Subject Incident, as well as the dates of treatment:

Medical Provider	Date of Service
Lance Cooper attorney had file / was his client	
Cases Dist of KS # 11-4028 ; BK-500 NY 09-50026 2nd appeal 12-6074; U.S. Supreme Court 14-10350	
Rep (Hag (Pat Schleyer, mrs) has file	

51. For each Subject Incident in which someone other than you was injured, please identify the person, and to the extent you have knowledge, identify the type or nature of injuries allegedly sustained, and the names of any agencies, hospitals, or physicians who treated the injured party.

VIII. CURRENT OR PRIOR MEDICAL CONDITIONS

52. Other than the injuries allegedly sustained in the Subject Incident, between the date of the Subject Incident and the present, have you sustained any physical injuries, illnesses, or disabilities that have resulted in lost income or medical expenses?

Yes No

Condition PTSD

If you answered "yes," please identify the injury, illness, disability, symptoms, date(s) of onset, date(s) of diagnosis and by whom it was first diagnosed.

53. During the three (3) year period before the Subject Incident, did you sustain any physical injuries, illnesses, or disabilities that resulted in lost income or medical expenses?

Yes No

PTSD work related 1991

Assault battery, Rape at work on pool table Greyhound Bus
10
Contains Confidential Information - Subject to Confidentiality Order (Order No. 10)

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If you answered "yes," please identify the injury, illness, disability, symptoms, date(s) of onset, date(s) of diagnoses and by whom it was first diagnosed.

IX. DAMAGES CLAIMS - PERSONAL INJURY

54. Lost Wages/Loss of Earning Capacity: Are you claiming or do you expect to claim that you lost earnings or suffered an impairment of your earning capacity as a result of any condition you claim resulted from the Subject Incident?

Yes No

Carson horse riding boarding stable

If you answered "yes," please provide the following information with respect to each of your places of employment for the past ten (10) years:

Dates	Employer Name and Address	Job Title and Nature of Responsibilities	Annual Income and Benefits
		N/A	

55. Total number of days you missed from work allegedly because of injuries sustained during the Subject Incident.

7 Years

56. Please identify whether you received any disability, medical leave, or other income for those days you missed allegedly due to your injuries and, if so, the type and amount of such income.

Disability monthly

57. Please identify whether you expect to return to employment following recovery from your injuries claimed as a result of the Subject Incident. Please identify when your return is expected, whether you are expected to return to the same or similar job, and the number of hours per week you expect to be working.

Injury, currently need TBI medical attention

58. If you do not expect to return to work, please explain why you are no longer able to work and whether same was confirmed by any medical professional. Please identify the medical professional who limited your ability to work.

injury, 1991 disability, physical 2009 car accident

59. If you are claiming an impairment of your earning capacity, identify the impairment and the health care provider who diagnosed it.

Luke Smithville Dr. Enocent Haya

60. What is the amount of medical expenses you claim to have incurred as a result of the Subject Incident?

Hastings Nebraska

Records

The following requests are to be treated as requests for the production of documents pursuant to Federal Rule of Civil Procedure, Rule 34, and are subject to Rule 37.

See previous Court Case, filed with documentation.

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The responding party shall produce into the MDL 2543 Document Depository, within thirty (30) days of the date of service of this Fact Sheet, any of the following documents that are in the responding party's possession, custody or control:

1. *Attorneys will have to pull files of cases*
Copies of all documents relating to the purchase or lease of the Subject Vehicle and reflecting any repair, inspection, service, recall service, alteration or modifications of the Subject Vehicle. *DIST of KS case # 11-4028*

2. Copies of the data downloaded from the Subject Vehicle's SDM.

3. Copies of all accident, incident or investigative reports (other than documents created by your counsel or at your counsel's request) regarding the Subject Incident or the Subject Vehicle prepared by any responding agency or third party, and documents reflecting citations issued by any police agency or governmental agency relating to the Subject Incident.

4. *Cases SD of NY appeal #12-6074*
Copies of all towing records related to the towing of the Subject Vehicle as a result of the Subject Incident.

5. *Old new BK of SD of NY #09-50026*
Copies of all photographs, videotapes, or digital images taken of the Subject Vehicle or any part of the Subject Vehicle before, during, and/or after the Subject Incident.

6. Copies of all photographs, videotapes or digital images taken of the injuries you claim to have sustained in the Subject Incident (other than documents created by your counsel or at your counsel's request).

7. *U.S. Supreme Ct # 6352*
Copies of all electronic data and/or electronic surveys taken and/or related to the accident scene. *Marjorie Cramer, ML Company*

8. Any written and/or recorded statements that you gave (other than privileged communications or work product) regarding the Subject Vehicle, the Subject Incident, or your claimed injuries.

9. Copies of all post-Subject Incident test results for the presence of alcohol or drugs in the individual driving the Subject Vehicle during the Subject Incident.

10. Copies of any written statements given to any police officer, fireman, fire investigator, or any other public agency or entity regarding the Subject Incident.

11. All photographs and videos portraying or documenting injuries allegedly sustained as a result of the Subject Incident, including any "day in the life," therapy, or recovery video.

12. Copies of all documents and photographs regarding media coverage of the Subject Incident and/or your injuries allegedly sustained as a result thereof.

13. Copies of any available medical and pharmacy records, medical x-rays and images, charts, reports, nursing notes, therapy notes, and billing records for medical treatment you received for the injuries you claim were sustained in the Subject Incident.

will provide 2016 current and ongoing medical tests
of TBF

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14. Copies of any available medical and pharmacy records, medical x-rays and images, charts, reports, nursing notes, therapy notes, and billing records for medical treatment you received during the three (3) year period before the Subject Incident.
15. *Letter from agent Annette Riegel on non-deployed policies you had in effect as of the date of the Subject Incident that covered or may cover you, the Subject Vehicle, or the property on which the Subject Incident occurred.* Illinois
By
GM
16. Copy of the death certificate, autopsy reports, and funeral and burial expenses if plaintiff claims the injured person died as a result of the Subject Incident.

2009

*7 years later: BI, spine, bones when
2016
Briama Murray, MD
Stein
Motor
Recall*

X rays of Spine

2009 Nebraska Hastings

Hospital still incurring
STATEMENTS

7/2009 Emergency room visit
refused to X-ray neck

Dr. Kueber (Saline, Norton, KS)
said May showed Concussion
Concussion

Encephalopathy (bleeding, leaking)

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SIGNED AUTHORIZATIONS

Plaintiff agrees to produce into the MDL 2543 Document Depository *original signed authorizations* within thirty (30) days of the date of service of this Fact Sheet for the release of relevant medical records, and to the extent a claim for lost wages is made, the release of relevant employment and financial records, including tax authorizations, social security authorizations, authorizations for the release of educational records, and Medicare/Medicaid disclosure forms. Plaintiff agrees to provide current authorizations as necessary. Plaintiff agrees that any document request above for medical and/or employment and/or financial records to be produced by Plaintiff will not preclude Defendants from also collecting such records directly from the source pursuant to the signed authorizations.

Sending
Most documents in file and
from Cooper firm LANCE attorney
in Georgia however he concentrated
on dead young woman other
than old injured woman me. See
page 13 for further calculations
I have had no P for medical
expenses incurred and in add
lost my husband far, everything
I own and am walking around
in circles hot cracked I am not
Impact NO Airbase Deployment
2006 Cobalt

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DECLARATION

I declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that all the information provided in this Fact Sheet is true and correct to the best of my knowledge, information and belief formed after a reasonable inquiry. I understand that I am under an obligation to supplement these responses.

Date:

Signature

Name

June 27, 2016
MARTORIE A CREAMER
No Judge(s) listen to me nor
did LANCE COOPER
previos filing Dist of Ks #11-4028

SD of NY BK 09-50026

2nd Appeal Ct #12-6074

U.S Supreme Ct #14-638

Dist of Kansas
Now #
16-4045 →^m to CTO-82

